

HEALTH FORM #2 - PRESCRIPTION MEDICATION FORM

This form is to be completed only for students that require prescription medication while at PCC. All prescription medication to be given by the nurse requires a written physician order. *Both parent and licensed prescriber's sections must be completed and submitted no later than May 31st 2024.

A. PARENT SECTION:

Student's name _____ Date of Birth _____
Last First Middle Initial

I consent to have the PCC Nurse, or designee, administer the medication prescribed by the licensed prescriber named below. I give the PCC Nurse permission to share information relevant to the prescribed medication administration as she determines appropriate for my child's health and safety. I understand that any medication that is not picked up by the close of the last day of the PCC Program will be destroyed.

I give my child permission to self-administer his/her medication if the PCC nurse determines that it is safe and appropriate: Yes No

(Parent/guardian signature) (Date)

B. LICENSED PRESCRIBER SECTION:

1. Medication _____ Route of Administration _____
Dosage _____ Frequency _____ Time(s) of Administration _____
Side effects or special instructions _____
Date of order _____ Discontinuation Date _____
2. Medication _____ Route of Administration _____
Dosage _____ Frequency _____ Time(s) of Administration _____
Side effects or special instructions _____
Date of order _____ Discontinuation Date _____
3. Medication _____ Route of Administration _____
Dosage _____ Frequency _____ Time(s) of Administration _____
Side effects or special instructions _____
Date of order _____ Discontinuation Date _____
4. Medication _____ Route of Administration _____
Dosage _____ Frequency _____ Time(s) of Administration _____
Side effects or special instructions _____
Date of order _____ Discontinuation Date _____

Signature of physician or licensed prescriber

Print name of physician or licensed prescriber

Date

M.G.L. 430.160 (A): Storage and Administration of Medication

Medication prescribed for campers shall be kept in original containers bearing the pharmacy label, which shows the date of filling, the pharmacy name and address, the filling pharmacist's initials, the serial number of the prescription, the name of the patient, the name of the prescribing practitioner, the name of the prescribed medication, directions for use and cautionary statements, if any, contained in such prescription or required by law, and if tablets or capsules, the number in the container. All over the counter medications for campers shall be kept in the original containers containing the original label, which shall include the directions for use.